Employment Application City of Heath

City of Heath
Return completed form to:
City of Heath
1287 Hebron Road
Heath, Ohio 43056
740/522.1420



City of Progress * Citizens with Pride

Position applying for:				
Name:	<u> </u>			
Last	First		Middle)
Mailing Address: Street/Apt #			City/S	tate/Zip
Are you a Heath resident? ☐ Yes	□ No If ye	s, how long?		
Telephone #: Home ()	Alte	rnate: ()		
Social Security Number:				
Do you have legal authorization to	work in the United State	s? □ Yes	□ No	
Do you have relatives currently em	ployed by the City of He	ath? □ Yes	□ No	
If yes, who?		Relationship):	
Do you have a valid Ohio Driver's L	License? ☐ Yes ☐ No	If yes, DL#		
Have you ever been convicted of a	crime for the violation o	f any law excep	ot minor traffi	c violations?
☐ Yes ☐ No If yes, please expl				
Have you had any traffic violations If yes, please explain:	. , , ,		□ No	
Military Service Information				
Branch of Service:	Type of Separation:		_From:	To:
Highest Rank Achieved	Job	Title:		
Duties:				
Reserve or National Guard Status:				

Employment History

Account for <u>all time</u> for the past ten (10) years, including periods of unemployment. You MUST indicate the name used if it is different than the signature on this application. Begin with your present position or occupation. If you need more room, use a separate sheet of paper. A resume is both welcomed and urged in addition to completion of this application. It will become an official part of this application.

A.	Company Name			
	Company Address			
	Supervisor's Name			
	Employment date from: month	year to	month	year
	Salary: <u>\$</u> per □	hour \square month	□ year	
	Your Title:	Your Duties:		
	Reason for leaving:			
	May we contact: ☐ Yes ☐ No			
В.	Company Name			
	Company Address			
	Supervisor's Name			
	Employment date from: month	year to	month	year
	Salary: <u>\$</u> per □	hour \square month	□ year	
	Your Title:	Your Duties:		
	Reason for leaving:			
	May we contact: ☐ Yes ☐ No			
C.	Company Name			
	Company Address			
	Supervisor's Name			
	Employment date from: month			year
	Salary: <u>\$</u> per □	hour \square month	□ year	
	Your Title:	Your Duties:		
	Reason for leaving:			
	May we contact: ☐ Yes ☐ No			

D. Company Name					
Company Address					
Supervisor's Name					
Employment date from: month _	year	t	o month	າ y	ear
Salary: <u>\$</u>	_ per □ hour	□ month	n □ yea	ar	
Your Title:	Your D	uties:			
Reason for leaving:					
May we contact: ☐ Yes ☐ No					
<u>Education</u> Circle highest grade of school completed	d: 1 2 3 4	5 6 7	8 9 10	11 12 Pos	t Secondary
			Did you graduate? Yes or no	Course of Study	Degrees, credits earned, other awards
High School:					
Address:					
City, State, Zip					
College:					
Address:					
City, State, Zip					
College:					
Address:					
City, State, Zip					
Special Licenses Current special licenses (i.e. boiler operation) Ohio Commercial Driver's License:					
Other:					

Name	Address	Te		rtime e Number
1	Street Address)	-
	City, State, Zip			
2	Street Address)	_
	City, State, Zip			
3		()	_
	Street Address			
	City, State, Zip			
ualifying nature or helpt	I knowledge, skills, and abilities not previous ful to you in establishing your eligibility. Incl activities, etc.	_		•
ualifying nature or help community or volunteer	ful to you in establishing your eligibility. Incl	lude any project		•
Attention: Read the following an applicant for employed as an applicant for employed as a motor vehicle oper Department has a strict	ful to you in establishing your eligibility. Inclactivities, etc.	cument rstand and agree This may include on. I understand	e that the Holon, or	he City ma s not limite leath Polic
Attention: Read the following an applicant for employed as an applicant for employed as a thorough investigue, a motor vehicle oper Department has a strict any liability or damages, also certify that all state complete, and correct to	ful to you in establishing your eligibility. Inclactivities, etc. Iowing statement before signing this document with the City of Heath, Ohio, I undergation of my past employment and activities. ator's license inquiry and police investigation tattoo/piercing policy. I hereby release you,	cument Testand and agree This may include on. I understand your organizate ormation requesti	e that the hour in	he City ma s not limite leath Polic others froi

References